U.S. Départment of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name WALDO WARD	Name IRON WORKERS LOCAL UNION NO. 5			
	Labor Organization File Number 022 - 368			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 9100 OLD MARLBORO PIKE	Street 9100 OLD MARLBORO PIKE			
City UPPER MARLBORO  September of the se	City UPPER MARLBORO			
State Maryland ZIP Code + 4 20772	State Maryland ZIP Code + 4 20772			
5. Position in labor organization.  PRESIDENT				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.				
Name  Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Sig	nature			
15. Signature and verification. The undersigned declares, under penalty or submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the second complete)	iving documents), has been examined by the signatory and is, to the best of the			
Signed Si	On 8-11-05 301-599-0960			

Date

Telephone Number

Name of Person Filing WALDO WARD		File Number <b>U-</b>		
B. Held an interest in or derived income or economic benefit with monetary valuables substantial part of which consists of buying from, selling or leasing to, or otherword of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	S		
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name IRON WORKERS LOCAL 5 TRUST FUNDS	ghot at an argum y			
Trade Name, if any:	a. Labor Organiza	ition		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 6009 OXON HILL ROAD, SUITE 416	historial and the second			
City OXON HILL				
State Maryland ZIP Code + 4 20745				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.		
Name IRON WORKERS LOCAL 5 TRUST FUNDS	TRUST FUNDS			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 6009 OXON HILL ROAD, SUITE 416	11.b. Approximate dollar valu	ue of such dealing.		
City OXON HILL	12.a. Nature of interest held or income received.			
State Maryland ZIP Code + 4 20745	LOST WAGES - \$800 HOTEL - \$1435 EXPENSES - \$246 AIRFARE - \$260			
	12.b. Amount.		\$2,741	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	the first and the state of the		
Name	al-constraint and the second s			
Trade Name, if any:	Section 1			
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4		angani nsoniaan na alaman alaman na angan na an		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

The Manuel O-	Name of Person Filing WALDO WARD	File Number <b>U</b> -
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### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name SEGAL ADVISORS, INC.	a. Labor Organization	
Trade Name, if any:	han consol	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street ONE PARK AVENUE	c. Employer	
City NEW YORK		
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IRON WORKERS LOCAL 5 TRUST FUNDS	CONSULTING	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		en proprieta de la companya del companya de la companya del companya de la compan
Street 6009 OXON HILL ROAD, SUITE 416		
City OXON HILL		
State Maryland ZIP Code + 4 20745	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	DINNER	
	12.b. Amount.	\$80

Name of Person Filing	WALDO WARD		File Number <b>U</b> -

### Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AMALGAMATED BANK	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	EZ	
Street 1825 K STREET, NW	c. Employer	
City WASHINGTON		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IRON WORKERS LOCAL 5 TRUST FUNDS	INVESTMENT CUSTODIAN	and the second s
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		port of the state
Street 6009 OXON HILL ROAD, SUITE 416		No constitution of the con
City OXON HILL		
State Maryland ZIP Code + 4 20745	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	DINNER - \$80 DINNER - \$60	
		to the School State of the
		de propries de la constante de
		The second secon
	12.b. Amount.	\$140

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File Number U-

## Part B Continuation Page

O Name and address of Dusiness (including to day	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	5. Dusiness deals with.	
Name COLUMBIA PARTNERS	processing the second s	
Trade Name, if any:	a. Labor Organization	
	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 1775 PENNSYLVANIA AVENUE, NW	c. Employer	
City WASHINGTON		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IRON WORKERS LOCAL 5 TRUST FUNDS	INVESTMENT ADVISOR	
Table 1 - 11 - 11 - 11 - 11 - 11 - 11 - 11		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 6009 OXON HILL ROAD, SUITE 416		
describing and an arrange and arrange and arrange and arrange and arrange arrange arrange and arrange arrange and arrange arra		
City OXON HILL		
State Maryland ZIP Code + 4 20745	11.b. Approximate dollar value of such dealing.	
		keere eine aanaannaminin oo
	12.a. Nature of interest held or income received.  DINNER - \$85	
	DINNER - \$85 DINNER - \$65	
	12.b. Amount.	
	12.5. Allibulat.	\$150

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Name of Person Filing	WALDO WARD			File Number U-	

### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name UNKNOWN VENDOR	imeterneti	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street N/A	c. Employer	
City N/A		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IRON WORKERS LOCAL 5 TRUST FUNDS	N/A	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 6009 OXON HILL ROAD, SUITE 416		
City OXON HILL		and the second s
State Maryland ZIP Code + 4 20745	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	DINNER \$30 DINNER \$30	And an analysis of the second
		and the second s
	The second of th	
	12.b. Amount.	\$60